WHAT IS CLAIMED IS:

1. A method for performing a surgical spinal procedure comprising:

providing a surgical retractor including an elongate member having proximal and distal end portions and defining an opening therethrough to receive instrumentation, the distal end portion configured for insertion at least partially into an intervertebral space between adjacent opposed vertebrae;

distracting the adjacent vertebrae by at least partially inserting the distal end of the retractor within the intervertebral space; and

performing the surgical spinal procedure.

2. The method according to claim 1 wherein the distal end portion of the elongate member includes two spaced apart retractor arms having first and second supporting surfaces and wherein the step of distracting includes inserting the retractor arms within the intervertebral space whereby the first and second supporting surfaces of each retractor arm respectively engage the adjacent opposed vertebrae.

3. The method according to claim 1 wherein the step of performing the surgical procedure includes introducing surgical instrumentation through the opening of the surgical retractor, the surgical instrumentation being utilized to perform the surgical procedure.

4. The method according to claim 3 wherein the step of performing the surgical procedure includes introducing a fusion implant through the opening in the surgical retractor and between the distracted vertebrae to effect fusion thereof.

5. The method according to claim 1 wherein the surgical retractor includes at least one slot defined in an outer wall surface portion thereof and wherein the step of performing the surgical procedure includes introducing surgical instrumentation within the slot to perform the surgical procedure.

6. A method for fusing adjacent vertebral bodies, comprising the steps of:

a) accessing the intervertebral disc space;

b) providing a retractor including a retractor sleeve having proximal and distal end portions, the distal end portion having opposed retractor arms extending in a general longitudinal direction;

c) positioning the retractor arms within the intervertebral disc space whereby first and second supporting surfaces of each arm contact opposed vertebral bodies;

d) introducing a drill instrument into the sleeve and advancing the drill instrument within the sleeve to the disc space;

e) forming with the drill instrument a bore that penetrates at least partially into each opposed vertebral body;

f) removing the drill instrument from the sleeve; and

g) introducing a fusion implant into the bore.

7. The method according to claim 6 further including the steps of:

h) introducing a tap instrument into the sleeve and advancing the tap instrument within the sleeve to the disc space;

i) tapping with the tap instrument a thread within the bore;

j) removing the tap from the retractor sleeve;

k) introducing into the sleeve a fusion cage having a cage body with an external thread; and

l) screwing the cage body into the threaded bore.

8. The method according to claim 7 wherein the step of introducing a fusion implant includes introducing a fusion implant having a plurality of openings extending through the cage body.

9. The method according to claim 8 further including the step of filling the cage body with bone-growth inducing substances.

10. The method according to claim 9 further including the step of mounting an end cap to the open end of the cage body to enclose the bone-growth inducing substances within the cage body.

11. The method according to claim 6 wherein the retractor arms define a dimension between the first and second supporting surfaces sufficient to distract the opposed vertebral bodies and wherein the step of positioning the retractor arms includes distracting the opposed vertebral bodies.

12. A surgical retractor instrument comprising an elongated member having proximal and distal end portions and defining a longitudinal passageway for reception of surgical instrumentation, the distal end portion having first and second retractor arms extending in a general longitudinal direction, each retractor arm having first and second supporting surfaces for engaging opposed adjacent tissue portions, each retractor arm defining a dimension between the first and second supporting surfaces sufficient to distract the opposed tissue portions upon insertion thereof.

13. The surgical retractor according to claim 12 wherein the first and second supporting surfaces of each retractor arm are substantially planar.

14. The surgical retractor according to claim 12 wherein each retractor arm has a tapered end portion for facilitating insertion into the intervertebral space.

15. A surgical retractor for use in distracting adjacent vertebrae, the retractor comprising:

an elongate body having a proximal end and a distal end and defining a longitudinal passageway therebetween; and

first and second retractor arms extending longitudinally from the distal end of the elongate body, each retractor arm defining a first vertebra supporting surface and a second vertebra supporting surface, the first and second vertebra supporting surfaces of each retractor arm being spaced thereon at a predetermined distraction distance.

16. The surgical retractor according to claim 15 wherein the retractor arms each possess distal tapered portions for facilitating insertion into the intervertebral space.

17. The surgical retractor according to claim 16 wherein the first and second supporting surfaces of each retractor arm are in general parallel relation.

18. The surgical retractor according to claim 17 wherein the first and second supporting surfaces of each retractor arm are in general parallel relation to a longitudinal axis of the elongate body.

19. The surgical retractor according to claim 15 wherein the elongate body includes at least one longitudinal opening defined in an intermediate wall portion.

20. A surgical tapping instrument for tapping an internal thread within a bore defined in bony tissue, comprising an elongated frame defining a longitudinal axis and having a distal tapping head, the tapping head including a tapping thread for tapping a thread within the bony structure and at least one conveyance channel dimensioned to collect bone material removed during the tapping procedure, the one conveyance channel having a directional component transverse to the longitudinal axis.

21. The surgical tapping instrument according to claim 20 wherein the one conveyance channel is a helical groove.